

MEMPHIS AND SHELBY COUNTY HEALTH DEPARTMENT
WATER QUALITY BRANCH
1075 Mullins Station Road
Memphis, Tennessee 38134
(901) 379-7254 and Fax (901) 379-7570

SEPTIC TANK PLAN/REPAIR APPLICATION

I. Septic Tank Owner

Name of Owner _____
Contact Person _____ Name of Company _____
Mailing Address _____
City _____ State _____ Zip Code _____
Business or Home Number _____ Fax Number _____

II. Septic Tank Installer

Name _____ Name of Company _____
Mailing Address _____
City _____ State _____ Zip Code _____
Business Number _____ Fax Number _____

III. Septic Tank Location

Address _____
City _____ State _____ Zip Code _____
How many occupants? _____ How many Bedrooms? _____
How many field lines _____ How many acres? _____
In a Subdivision? Name _____ Lot# _____
Non-Subdivision Give specific directions and Address to the lot or site _____

Handy Map Page & Section _____

IV. Type of Septic Tank To Be Installed (check all that apply)

Conventional _____	Chamber _____	Graveless Pipe _____
LPP _____	Mound _____	Commercial _____
Residential _____	Other _____	

V. Type of Work

New System_____ Repair_____ Modification_____

VI. Additional Information Required Prior to Inspection

1. Is Public Water Available? Yes ____ or No ____
Are there any wells on the property? Yes____ or No_____ How many wells?
Active_____ Inactive_____ None_____
 2. The following must accompany any application that is submitted:
 - A) Plot plan that includes all information required as stated in the Regulations.
 - B) A \$175.00 dollar application processing fee. All fees due in advance and are non-refundable.
 - C) Septic Tank and Field Lines must be marked prior to inspection.
 - D) Soil Map must be submitted with sketch. Type_____ Acres_____
 - E) A sketch or diagram of the property, property line, house site, well location, spring location, planed driveway and utilities.
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The owner as well as the septic tank installer agrees to comply with all regulations outlined by the Septic Tank Program as they relate to the construction or repair of a septic tank in Shelby County. All applicable fees as well as the paperwork submitted must be accurate as outlined in the regulations. By signing this application the owner and installer adhere to comply with all of the regulatory requirements outlined by the Septic Tank Program.

Signature of Owner_____ Date_____

Signature of Septic Tank Installer_____ Date_____

Remarks: The Health Department reserves the right to supplement the general requirements by an addendum as may be required. If the application is approved by the Health Department, a septic tank permit will be issued in writing to the selected septic tank installer with a copy to the applicant. No work is to begin until the permit has been received.

FOR DEPARTMENT USE ONLY

Date Application Received_____ Approval/Denial Date_____
Date Soil Map Submitted_____ Permit Granted_____
Conditions_____
Permit Number_____ Handy Map Page & Section_____
Departmental Signature_____